# FILED INSPECTION REPORT

**Quality Control Form**

**Inspection Type:**

**CCTV SYSTEM**

<table>
<thead>
<tr>
<th>No.</th>
<th>Inspection Item</th>
<th>Result</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Check conformity of Equipment and device location to specification and drawing.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Visual check of system equipment and devices for any mechanical damages.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Check support or stanchion installed correctly.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Check painting of support or stanchion.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Check camera installed as per drawing.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Inspection for damages and cleanliness of components.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Check installation of conduit correctly.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Check cables and glands, weather proofing etc.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Check earthing system connected.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>Check functional test of CCTV.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Remarks:**

Legend: N.A: Not Applicable